MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033373 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9045

FILED SEP 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	1	
3			
4	3		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	77.0		
13			

BY AFFIDAVIT OF DOCUMENT

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USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
   Length of stay in 1b
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
   Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY
   c. CITY OR TOWN: St. Louis
   Inside Limits: Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): 4240 W. St. Ferdinand
   Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Susie Middle: Last: Adams

4. DATE OF DEATH: Month: 9 Day: 8 Year: 63

5. SEX: Fem.

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-10-1900

9. AGE (last birthday): 63
   IF UNDER 1 YEAR: Months / Days
   IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Holly Spring, Miss.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Jones

13b. MOTHER'S MAIDEN NAME: Ludena Stenson

14. NAME OF HUSBAND OR WIFE: Gossie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Jones 4240 W. St. Ferdinand

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gen. Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis
DUE TO (c): 332x

INTERVAL BETWEEN ONSET AND DEATH: Undet.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-4-63 to 9-8-63 and last saw her alive on 9-8-63
Death occurred at 5:50 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. H. Phillips M.D.

22b. ADDRESS: 2601 N. Whittier

22c. DATE SIGNED: 9-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-12-63

23c. NAME OF CEMETERY OR CREMATORY: Washington Park

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Boyd Funeral Home ADDRESS: 3704 Finney

25. DATE RECD. BY LOCAL REG.: SEP 9 1963

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.